



DPS IDENTIFICATION SUPPLIES ORDER FORM

CR-12 (Rev. 11/16)

TO: CRIME RECORDS SERVICE
 TEXAS DEPARTMENT OF PUBLIC SAFETY
 PO BOX 4143
 AUSTIN TX 78765-4143

Date: _____

Website address for FBI supply order: <https://forms.fbi.gov/cjis-fingerprinting-supply-requisition-form>

Please furnish the following supplies:

| FORM NUMBER | DESCRIPTION | #PER PACKAGE | QUANTITY |
|-------------|--|-----------------|----------|
| CR-6 | DPS Applicant Fingerprint Card* | 250 per package | |
| CR-12 | DPS Identification Supplies Order Form | 100 per pad | |
| CR-23 | Out of State Probation; Parole Supervision Fingerprint Card | single cards | |
| CR-26 | Death Notice Form | 100 per pad | |
| CR-42 | Request for Criminal History Check | 100 per pad | |
| CR-43 | Adult Criminal History Reporting Form With Preprinted TRN and Fingerprint Card Attached* | 100 per package | |
| CR-43 | Adult Criminal History Reporting Form With Fingerprint Card Attached* | 100 per package | |
| CR-43J | Juvenile Criminal History Reporting Form With Preprinted TRN and Fingerprint Card Attached* | 100 per package | |
| CR-43J | Juvenile Criminal History Reporting Form With Fingerprint Card Attached* | 100 per package | |
| CR-43P | Adult Probation Supervision Reporting Form With Preprinted TRN and Fingerprint Card Attached* | 200 per package | |
| CR-43P | Adult Probation Supervision Reporting Form With Fingerprint Card Attached* | 200 per package | |
| CR-44 | Adult Supplemental Reporting Form | 100 per package | |
| CR-44J | Juvenile Supplemental Reporting Form | 100 per package | |
| CR-44S | Adult Supplemental Court Reporting Form | 100 per pad | |
| CR-45 | Adult DPS Fingerprint Card* | 250 per package | |
| CR-45J | Juvenile DPS Fingerprint Card* | 250 per package | |
| | Fingerprint Card Return Envelopes (For arresting agencies only) | 100 per box | |

*DPS does not pre-stamp the agency ORI on any fingerprint card
 +Overnight services are available at ordering agency's expense

AGENCY _____

STREET ADDRESS _____

NOTE: Please order minimum of three months supply.
**Please submit your order at least 4 weeks
 prior to depletion of your supplies.**

CITY _____ STATE _____ ZIP _____

ATTENTION _____

NOTICE: Provide a complete shipping address.
 PO Boxes are acceptable.

PHONE # () _____

**Direct questions concerning supply orders to (512) 424-2367
 Fax# (512) 424-5599 • crssupplyorder@dps.texas.gov**